



Auldern Academy
 990 Glovers Grove Church Road
 Siler City, NC 27344
 PH: 919-837-2336 x 200
 Fax: 919-837-5284
Application for Admission

Date:

DEMOGRAPHIC INFORMATION

Full Name of Student: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SS#: _____

Was the applicant adopted? yes no If yes, at what age? _____

PARENT/GUARDIAN INFORMATION

Mother/guardian name: _____ Does this person have custody of the applicant? yes no

Address: _____ Stepfather name: _____

City: _____ State: _____ Zip: _____

Contact information Home phone _____

 Cell phone _____

 Business phone _____

 Fax _____ Email _____

Father/guardian name: _____ Does this person have custody of the applicant? yes no

Address: _____ Stepmother name: _____

City: _____ State: _____ Zip: _____

Contact information Home phone _____

 Cell phone _____

 Business phone _____

 Fax _____ Email _____

REFERRAL SOURCE

How did you find out about Three Springs?

Independent Educational Consultant Name: _____

Another parent Name: _____

Mental Health Professional Name: _____

Three Springs staff Name: _____

Publication Name: _____

Internet

Other Describe: _____

EDUCATION HISTORY—list all high schools where the student has been enrolled:

1) School:	Dates of attendance:
Address:	
City, St and Zip:	
Reason for leaving:	

2) School:	Dates of attendance:
Address:	
City, St and Zip:	
Reason for leaving:	

MEDICAL INFORMATION

Please describe the student's general health:	
Date of last physical _____	Please describe findings:
Current medications:	
List any allergies to foods, drugs, or other substances:	
Does the student have any history of epileptic or convulsive disorder?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please describe:	
Does the student have any medical problems or handicaps which might interfere with full participation in school activities?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please describe:	

LEGAL HISTORY

Has the student been ever been involved with the law?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please give details and disposition:	

SUBSTANCE ABUSE INFORMATION

Has the student used substances?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not certain
If yes, please list types of substances abused:	<input type="checkbox"/> marijuana
<input type="checkbox"/> prescription medications	<input type="checkbox"/> alcohol
<input type="checkbox"/> cocaine	<input type="checkbox"/> heroin
<input type="checkbox"/> inhalants	<input type="checkbox"/> ecstasy
<input type="checkbox"/> methamphetamine	<input type="checkbox"/> other (please list)
Describe frequency of use:	

PRESENTING PROBLEM

Please describe the recent events or behaviors that have brought about this application for enrollment at Auldern?

Briefly describe what you hope Auldern Academy can accomplish for the applicant:

TREATMENT HISTORY—list all therapeutic programs, mental health or substance abuse treatment the applicant has undergone. Please use an extra sheet of paper if necessary. List in order of most recent first.

1) Facility: _____ Dates of treatment: _____
Name of treating professional: _____
Type of Treatment hospitalization out-patient day treatment under care of psychiatrist
 under care of psychologist substance abuse other: _____

2) Facility: _____ Dates of treatment: _____
Name of treating professional: _____
Type of Treatment hospitalization out-patient day treatment under care of psychiatrist
 under care of psychologist substance abuse other: _____

Along with this application, the following should be submitted for review:

- All recent psycho-educational testing and diagnostic evaluations within the last three years
- Previous treatment reports, including hospital admission/discharge reports
- School records from most recent school placement
- IEP for applicants with special education needs
- Custody documentation
- Applicant Statement
- Signed Consents for Release of Information (copy extra as needed)

Auldern Academy is a proud program of Three Springs, Inc.

